

PERMIT #
PERMIT #
Limit 2 per applicant

## SEYMOUR STREET RESIDENT PARKING PERMIT APPLICATION

·	remises benefited by residential parking)
Name:	Check One: Owner Renter
Address:	
Phone Number:	Number of permits requested (limit of 2):
<b>PROOF OF RESIDENCE</b> : A COPY OF AT L	EAST ONE OF THE FOLLOWING MUST BE ATTACHED TO APPLICATION:
: Lease	: Cable television bill
: Utility bill (gas or electric)	: Water bill
: Telephone bill	
Recurring Visitor: (if applicable):	
Name:	
Address:	
Phone Number:	
VEHICLE INFORMATION:	
Vehicle #1 – Copy of Registration Requi	ired
Make:	Model:
Vehicle Identification #	License Plate #
Vehicle #2 (if applicable) – Copy of Reg	istration Required
Make:	Model:
Vehicle Identification #	License Plate #
I certify that the above information is tr	ue and correct and agree with the terms and conditions of the programs
Signature:	Date:
OFFICE USE ONLY:	
NO OUTSTANDING PARKING	G TICKETS ALL PROPERTY TAXES PAID LICENSED DRIV